

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph Alcorn*  
 Died at *Edlicott City* Town *Howard* County  
 Date of death *1910* Month *July* Day *15* Age *80* Years Months Days  
 Sex *Male* Color or Race *White* Birthplace *Ireland*  
 Occupation *Laborer* Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary E Alcorn*  
 Father's Name *George Alcorn* Father's Birthplace *Ireland*  
 Mother's Maiden Name *Eliza Quigley* Mother's Birthplace *Ireland*  
 Name of person giving Information *Robert L. Alcorn* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis 17 (?)* How long  
 Immediate *Fracture of Proximal Humerus* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *W. C. Smith*  
 Address *Edlicott City*

Accident or Suicide



108

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Martha J. Babylon*

Died at *Ellicott City* *Howard* County *MARYLAND*

Date of death 19*10* *Jan* Month *15* Day *59* Years *8* Months *no* Days

Sex *Female* Color or Race *White* Birthplace *Pa.*

Occupation *House Keeper.* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Wm Babylon*

Father's Name *Dont Know* Father's Birthplace *Pa.*

Mother's Maiden Name *Dont Know* Mother's Birthplace *Pa.*

Name of person giving Information *Calvin Babylon* How related to deceased *Son*

## CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary *Secondary Cancer; right breast below* How long *3 months (?)*

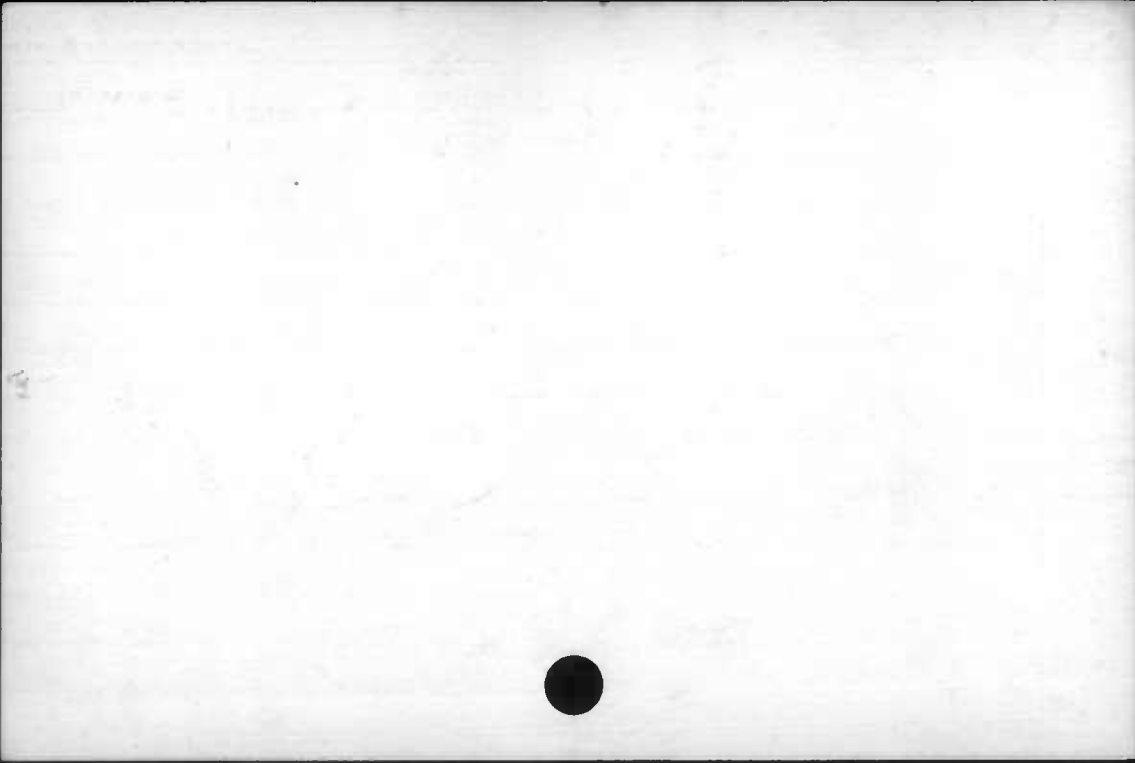
Immediate *Exhaustion; Diarrhea* How long *about 1 month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm J. Gambrell*

Address *Ellicott City, Md.*

*J* Accident or Suicide



Name  
in  
Full

Sadie / Blaylock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

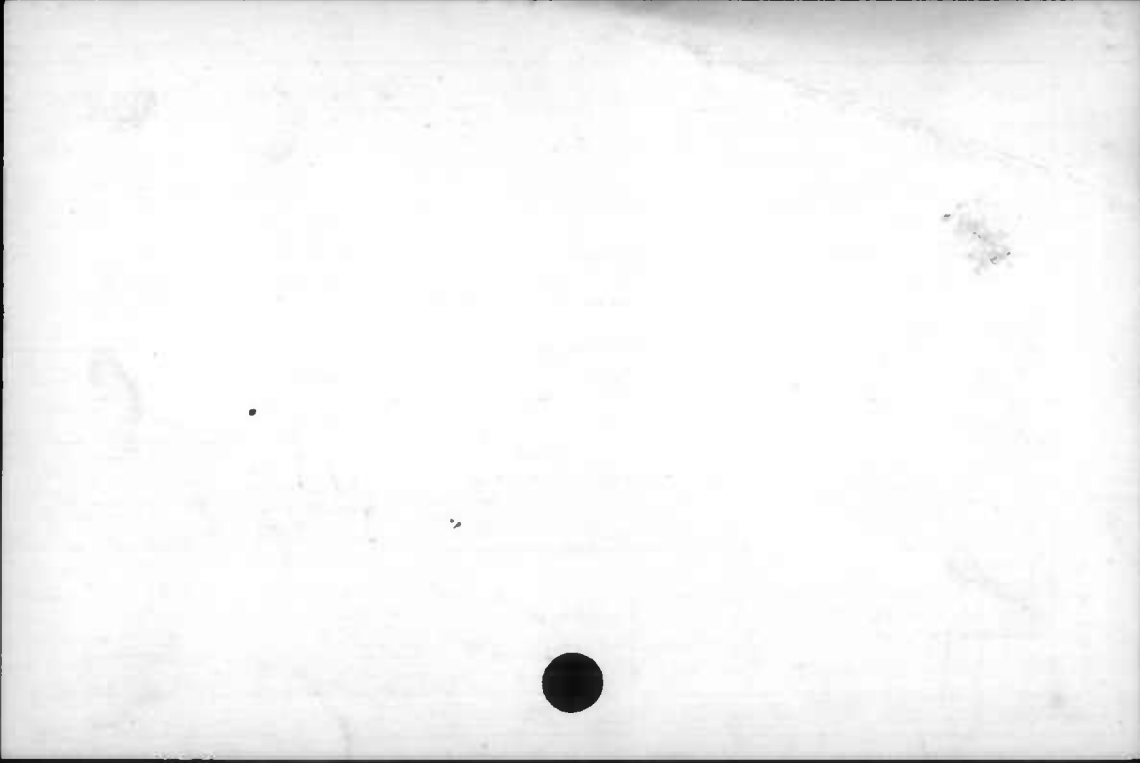
Died at		Town		County		MARYLAND	
Elk Ridge		Howard					
Date of death	1940	Month	1	Day	16	Age	9
Sex	Female	Color or Race	Colard		Birth-place	Elk Ridge	
Occupation	none		Where Residing if not at place of death		Elk Ridge		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Morris Blaster				Father's Birthplace	
						md	
Mother's Maiden Name		Neda Dunsome				Mother's Birthplace	
						md	
Name of person giving information		Morris Blaster				How related to deceased	
						Father	

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	6 months	How long	1 day
Immediate	LI	How long	do
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. Harrison Toms	
		Address	
		Elk Ridge	
		md	
Accident or Suicide			



Name  
in  
Full

Cora Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Hollyfields Sta <sup>County</sup> Howard. MARYLAND

Date of death 1900 <sup>Month</sup> Jan. <sup>Day</sup> 11 <sup>Age</sup> 19 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex female <sup>Color or Race</sup> white <sup>Birth-place</sup> Page Co. Va.,

Occupation Spooler <sup>Where Residing if not at place of death</sup> Hollyfields

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name William Butler <sup>Father's Birthplace</sup> Virginia

Mother's Maiden Name Ida Paenter <sup>Mother's Birthplace</sup> Virginia

Name of person giving Information William T. Shiggs <sup>How related to deceased</sup>

## CAUSES OF DEATH

166

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Struck by Engine on B&amp;O C. R. R.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William F. Gely (Comm)  
Cecil City Md

Accident or Suicide

Accident





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John Henry Carroll  
Baithers <sup>Town</sup> Howard <sup>County</sup>

MARYLAND

Date

of death

1960 Jan 26

Day

Age

Years

Months

Days

42

11

3

Sex

Male

Color or  
Race

White

Birth-  
place

Howard Co. Md

Occupation

Farm Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

James Henry Carroll

Father's  
Birthplace

Howard Co. Md

Mother's  
Maiden Name

Sarah Camellia Clarke

Mother's  
Birthplace

Prince Georges Co. Md

Name of person giving  
Information

James H. Carroll

How related  
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

7 days

Immediate

Heart Exhaustion

How long

3 or 4 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

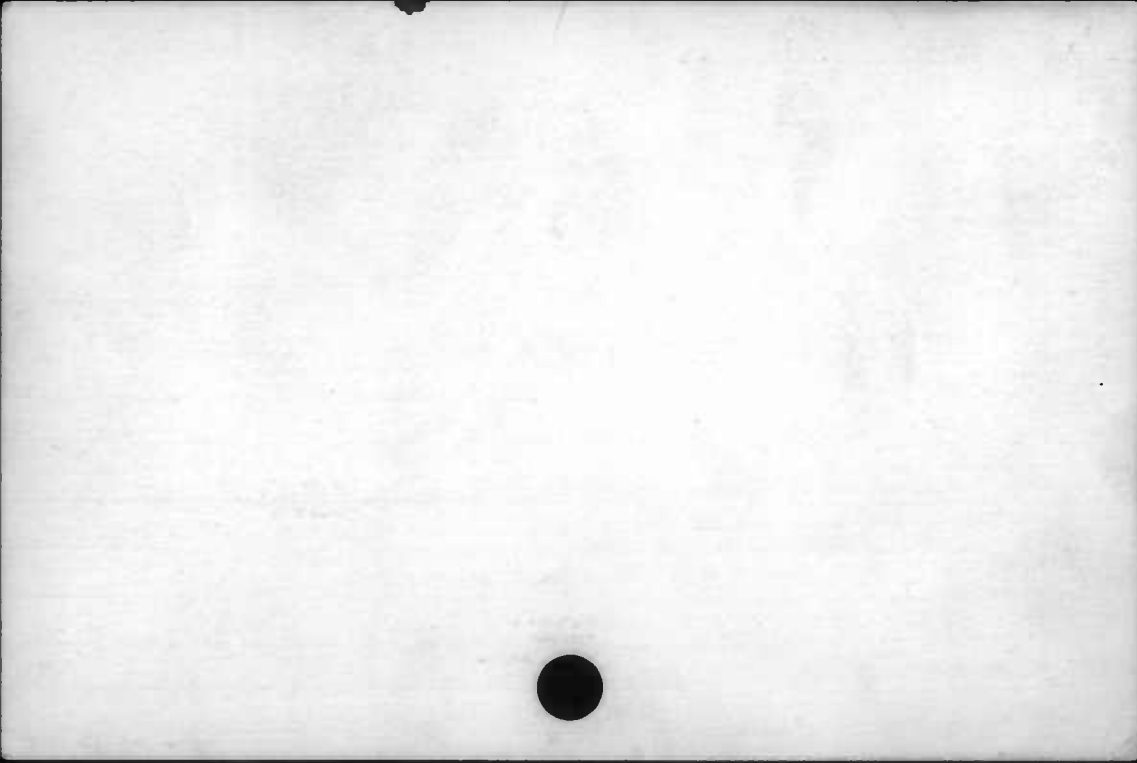
Samuel D. Sprecher

Address

Sylversville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

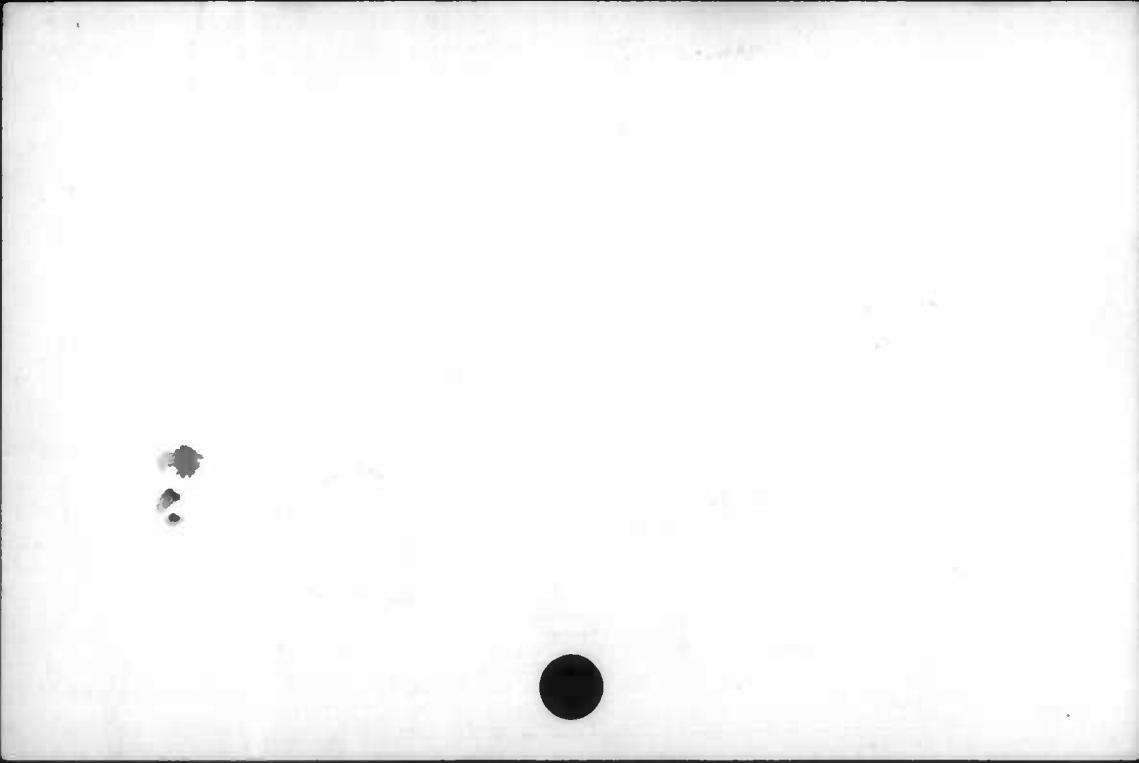
TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Clark* Town *Glindz* County *Howard* MARYLAND  
Died at *Glindz* Month *Jan* Day *11* Year *69* Months *—* Days *—*  
Date of death *1960* Age *69*  
Sex *Male* Color or Race *White* Birth-place *Md*  
Occupation *Farmers* Where Residing if not at place of death *Glindz*  
Married, Single or Widowed *Married* Name of Wife or Husband *Mary Lenthicum*  
Father's Name *David Clark* Father's Birthplace *Md*  
Mother's Maiden Name *do not know* Mother's Birthplace *Md*  
Name of person giving Information *Narry Clark* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gastric Carcinoma* How long *40* ✓  
Immediate *Acute dilatation of heart* How long *1 year*  
Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *J A Nichol* *Md*  
Address *Dayton Md*  
Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Bernard J. Collins

MARYLAND

Died at *Ellicott City* *Howard* County

Date of death *1960* *January* *21* *Age* *2* *3* Months *3* Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *E. City*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John B. Collins* Father's Birthplace *Ind.*

Mother's Maiden Name *Lillie B. Boritz* Mother's Birthplace *Ind.*

Name of person giving Information *John B. Collins* How related to deceased *Father*

CAUSES OF DEATH

Primary *Broncho Pneumonia* *8 days*  
Immediate *Convulsions* *about 12 hours*

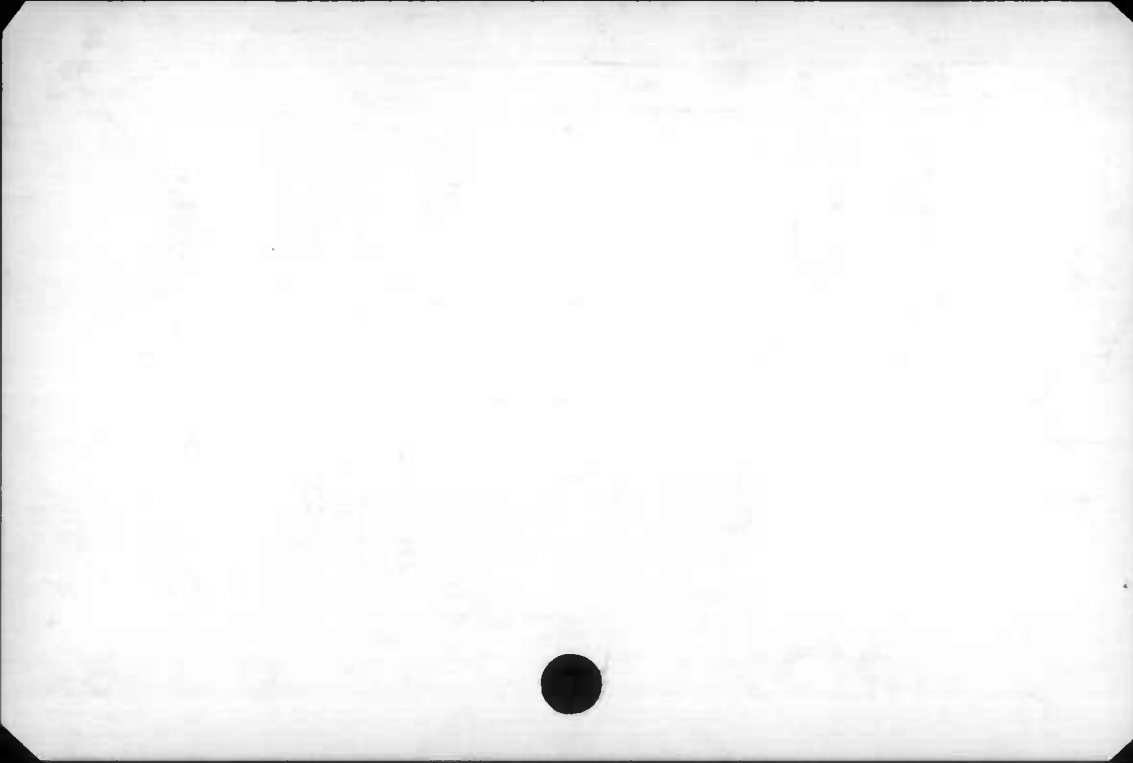
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Gaubill*  
Address *Ellicott City, Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Evan J. Conaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Savage* <sup>County</sup> *Howard* **MARYLAND**  
 Date of death <sup>Month</sup> *Jan.* <sup>Day</sup> *17<sup>th</sup>* <sup>Years</sup> *70* <sup>Months</sup> *7* <sup>Days</sup>   
 Sex *male* Color or Race *white* Birth-place *Md.*  
 Occupation *Retired* Where Residing if not at place of death *Savage*  
 Married, Single or Widowed *married* Name of Wife or Husband *Josephine Conaway*  
 Father's Name *John Conaway* Father's Birthplace *Md.*  
 Mother's Maiden Name *Ruth Chaney* Mother's Birthplace *Md.*  
 Name of person giving Information *Josephine Conaway* How related to deceased *wife*

CAUSES OF DEATH

*(Gangrene of scrotum)*  
 Primery *moist Gangrene* *142* *2* How long *Five days*  
 Immediate *exhaustion* How long *progressive*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *William M. Savage*  
 Address *Savage Md.*

PHYSICIAN  
OR CORONER

Accident or Suicide *misadventure*





Name in Full		Richard Bradley Dutton.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Town Daisy	County Howard	MARYLAND			
	Date of death	1910	Month Jan.	Day 14	Age ..	Years 11.	Months 1
	Sex	Male.		Color or Race	Negro.		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Theodore Jr Dutton				Father's Birthplace	Ind
	Mother's Maiden Name	Bertha May Dutton.				Mother's Birthplace	Ind
Name of person giving information	Theodore Jr Dutton.				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis of Lungs.				How long	About 3 months.
	Immediate	Father says that child had				How long	
	Are the name, age, sex, color, date and place correctly given above?						
	Yes,				Signature of Physician		
Accident or Suicide?				Address			
				J. W. Lacy, M.D.			
				Pittsboro, Ind			

3

2



Name  
in  
Full

Francis Columbia Engle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

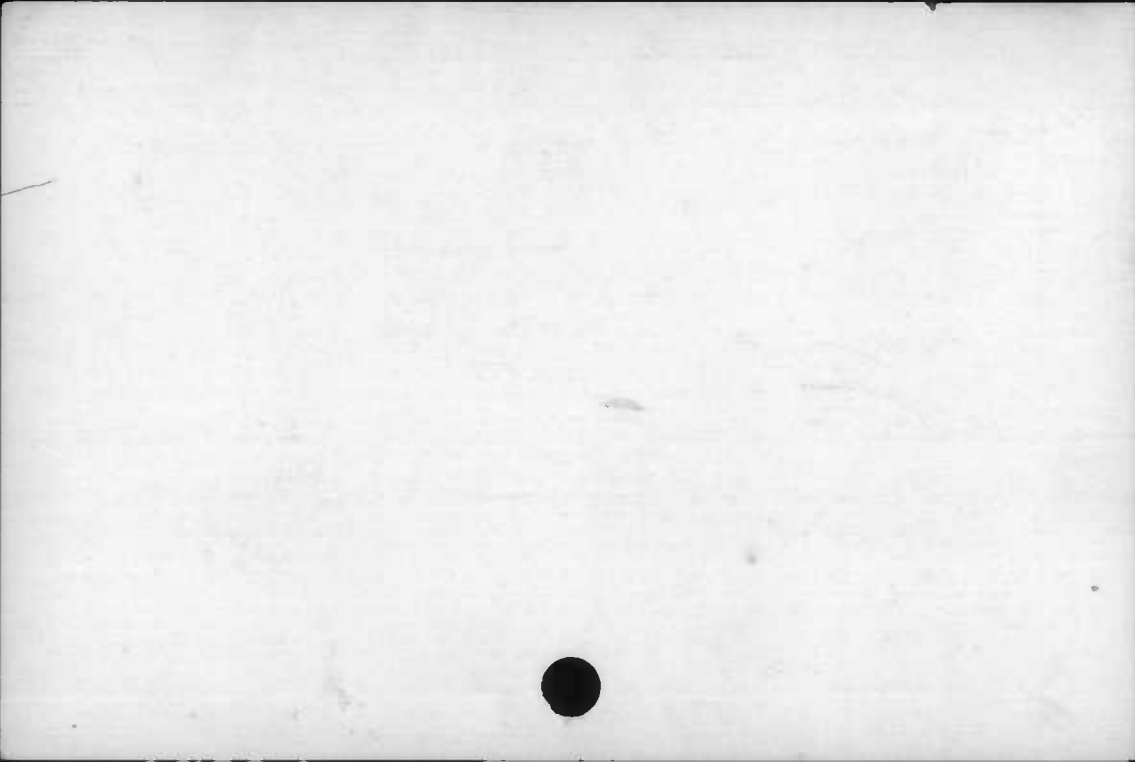
Died at <u>Lisbon</u> Town		<u>Strom</u> County		MARYLAND	
Date of death	19 <u>41</u> Month <u>January</u> Day <u>27</u>	Age	<u>77</u> Years	Months <u>9</u>	Days <u>14</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ann Arundel Co</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>at Home</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>William Engle</u>		
Father's Name	<u>Eli Gaither Warfield</u>			Father's Birthplace	<u>Ann Arundel Co</u>
Mother's Maiden Name	<u>Ellen Magruder</u>			Mother's Birthplace	<u>Montgomery Co Md</u>
Name of person giving information	<u>Mrs Ella Fisher</u>			How related to deceased	<u>Daughter</u>

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<u>Old age</u>	How long	<u>Every few years</u>
Immediate	<u>Paralysis</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. C. Oldacre</u>	
<u>yes</u>		Address <u>Lisbon, Md</u>	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

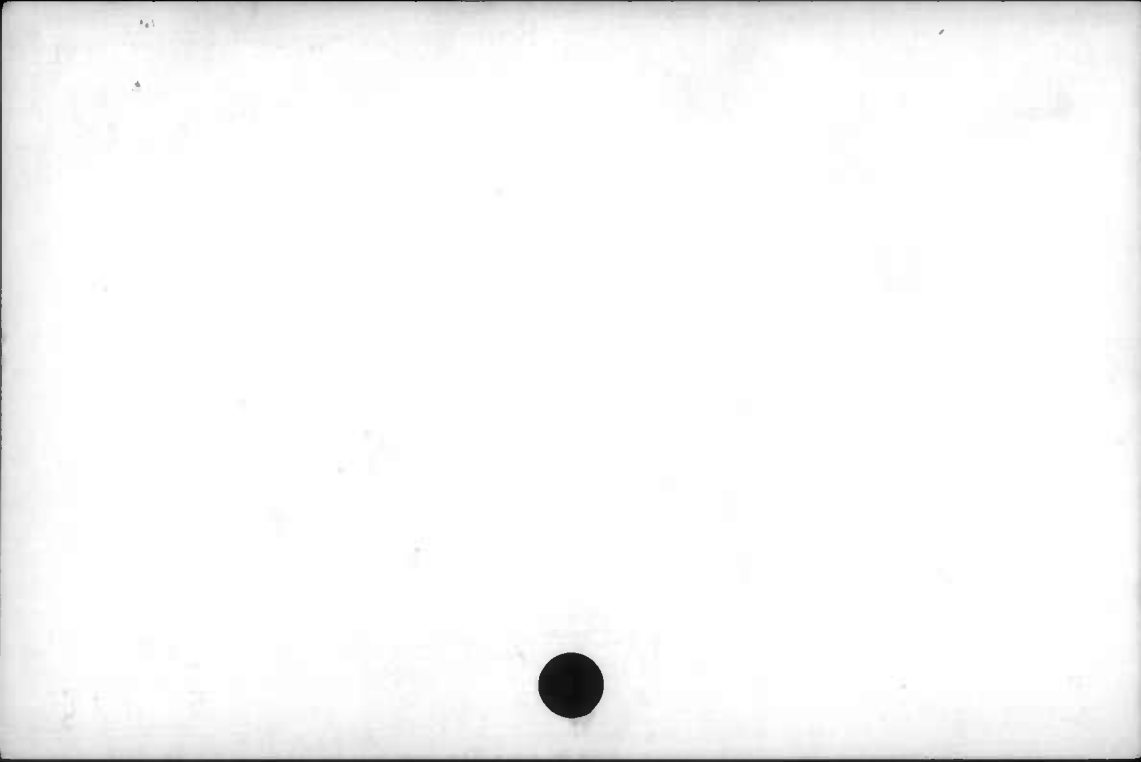
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Unnamed Child of Chas Hill* County *Howard*  
 Died at *Dayton* Town *Dayton* County *Howard* MARYLAND  
 Date of death 1900 *Jan* Month *14* Day *21* Age *211* Years *111* Months *210* Days  
 Sex *Male* Color or Race *White* Birth-place *Maryland*  
 Occupation *no* Where Residing if not at place of death *Dayton*  
 Married, Single or Widowed *Single* Name of Wife or Husband *no*  
 Father's Name *Charles E Hill* Father's Birthplace *Ind*  
 Mother's Maiden Name *Mary Sager* Mother's Birthplace *Ind*  
 Name of person giving Information *Chas Hill* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Birth* How long *no*  
 Immediate *no* How long *no*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. A. Nichols*  
 Address *Dayton Ind*  
 Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Margaret J. Howell		Town Dorsey		County Howard		MARYLAND	
Died at Dorsey		Month Jan		Day 23		Years 85	
Date of death 1900		Month Jan		Day 23		Age 85	
Sex Female		Color or Race White		Birth- place Odenton A.C. Co			
Occupation				Where Residing if not at place of death Dorsey Md.			
Married, Single or Widowed Widow		Name of Wife or Husband Margaret J. Howell					
Father's Name Pearson B. Hord				Father's Birthplace			
Mother's Maiden Name Margaret J. Anderson				Mother's Birthplace Odenton A.C. Co			
Name of person giving Information Lm. Richard H. Hord				How related to deceased Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Debility - from <sup>of head &amp; neck</sup> Age & Cancer	How long	6 months
Immediate	Same	How long	Same
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Arthur - Williams	
Address		Elk Ridge Md	
Accident or Suicide?		No	

Wm B Brothers

425 Frederick Ave  
Balto. Md



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

Date of death 1940

Occupation

Married, ~~Single~~  
~~Widowed~~

Father's  
Name

Mother's  
Maiden Name

Name of person giving information \_\_\_\_\_

### Primary

Immediate

Are the name, age, sex, color, date, and place correctly given above?

### Accident or Suicide

Thomas. J. Howard Sykesville		Howard County
1910 Jan.	10 Day	41 Years
Male	Color or Race	African
Where Residing if not		

Where Residing if not  
at place of death

~~Name of Wife~~  
Husband 20

### CAUSES OF DEATH

**Father's Birthplace**

Mother's Birthplace

How related  
to deceased

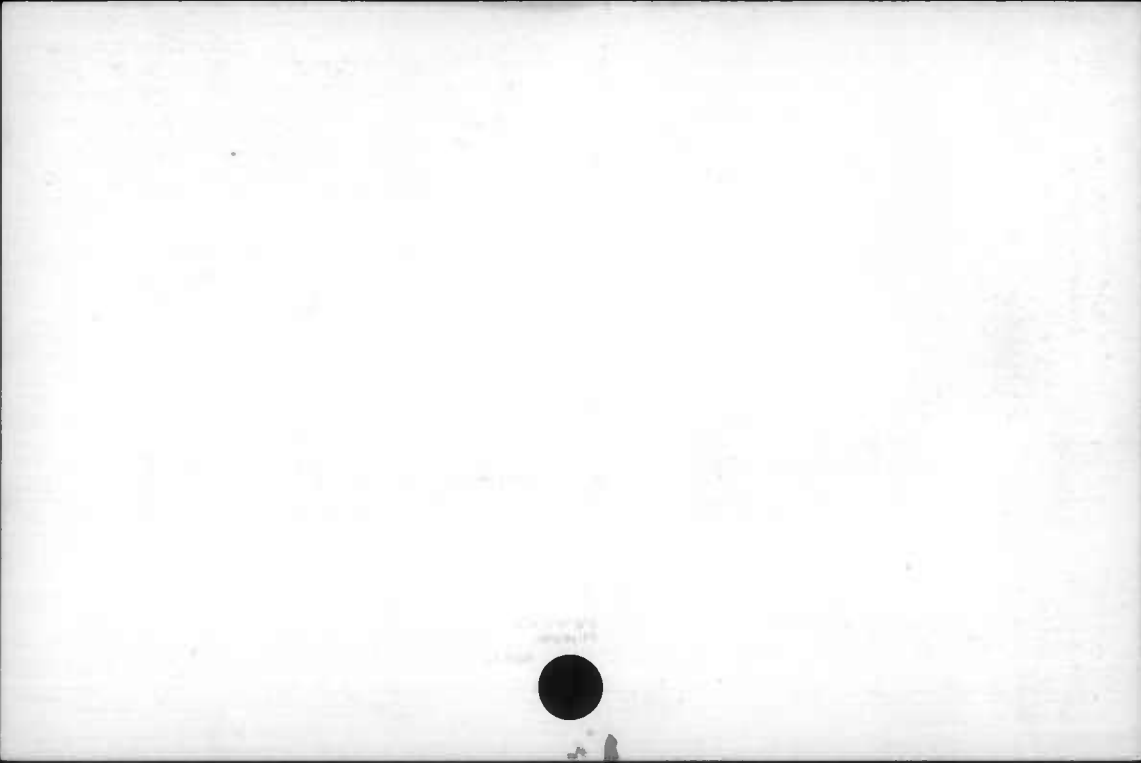
How long

How long

Signature of Physician

Address

OFFICE SUPPLY CO. 2364



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Sykesville</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>10</i>	Age Years <i>41</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>African</i>		Birth- place <i>Carroll Co.</i>				
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Laura Johnson</i>					
Father's Name <i>Samuel Johnson</i>		Father's Birthplace <i>Howard Co.</i>					
Mother's Maiden Name <i>Mary Holmes</i>		Mother's Birthplace <i>Carroll Co.</i>					
Name of person giving information <i>Samuel Johnson</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Perilous</i>	How long	<i>About 1 mo.</i>
Immediate	<i>Effects of same</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Neff</i>	
		Address <i>Sykesville</i>	
Accident or Suicide?			



Name  
in  
Full

Russell Clayton Kaiser

CERTIFICATE OF DEATH

Died at

North Laurel Howard

MARYLAND

Date  
of death

1900 1- 24 Age 7 Months 8 Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pr. Geo. Co.

Occupation

Child

Where Residing if not  
at place of death

North Laurel

Married, Single  
or Widowed

Child

Name of Wife or  
Husband

—

Father's  
Name

Charles Kaiser

Father's  
Birthplace

Pr. Geo. Co.

Mother's  
Maiden Name

Sarah C. Green

Mother's  
Birthplace

Mont. Co.

Name of person giving  
Information

Charles Kaiser

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

1 wk.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

D. R. C. Ashley  
Laurel  
Md.

Address

Accident or Suicide

No.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

Harry Lewis  
Town

"Infant-"  
County

CERTIFICATE OF DEATH

MARYLAND

Died at Woodstock

Date of death 1960 Jan

Day

Age

Years

Months

Days

Sex

Male

Color or Race

Black

Birth-place

Woodstock

Occupation

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Herbert Lewis

Father's Birthplace

Howard Co.,

Mother's Maiden Name

Clara Anderson

Mother's Birthplace

Prince George Co.,

Name of person giving Information

Herbert Lewis

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Premature

How long

Immediate

Weakness

How long

2 days

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

John W. Webb Jr

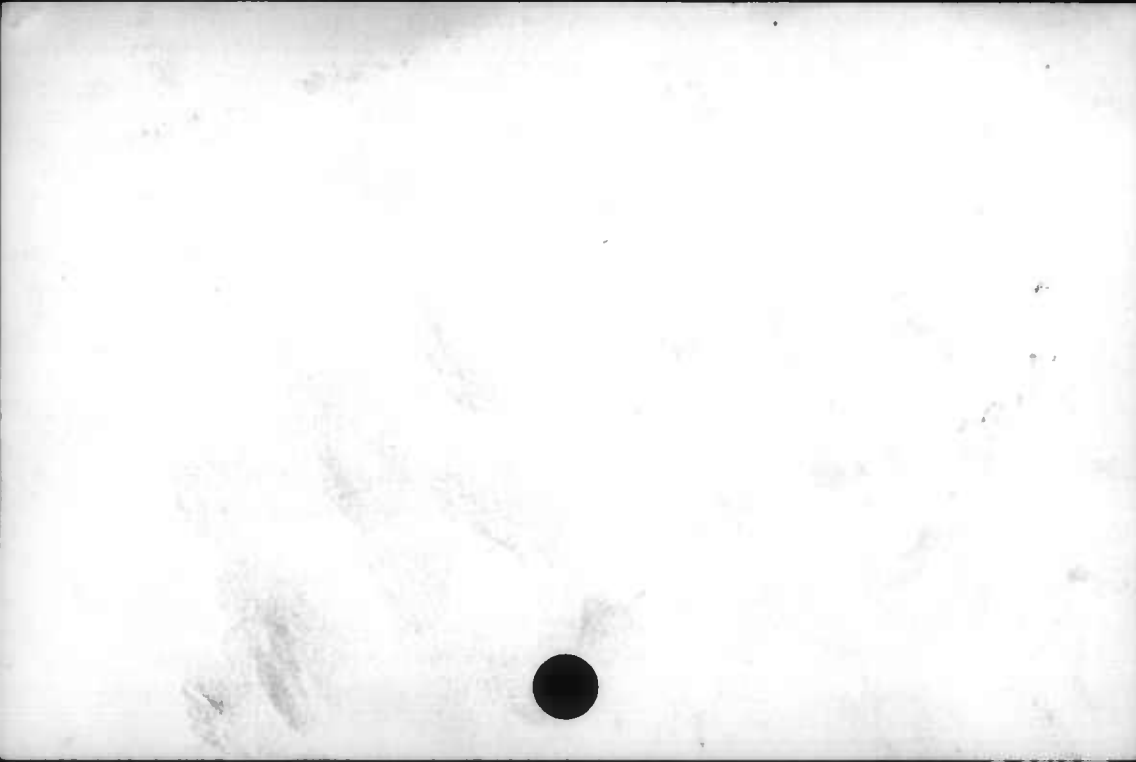
Address

West Friendship  
Howard Co., Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
FullGertrude M<sup>c</sup> Bullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

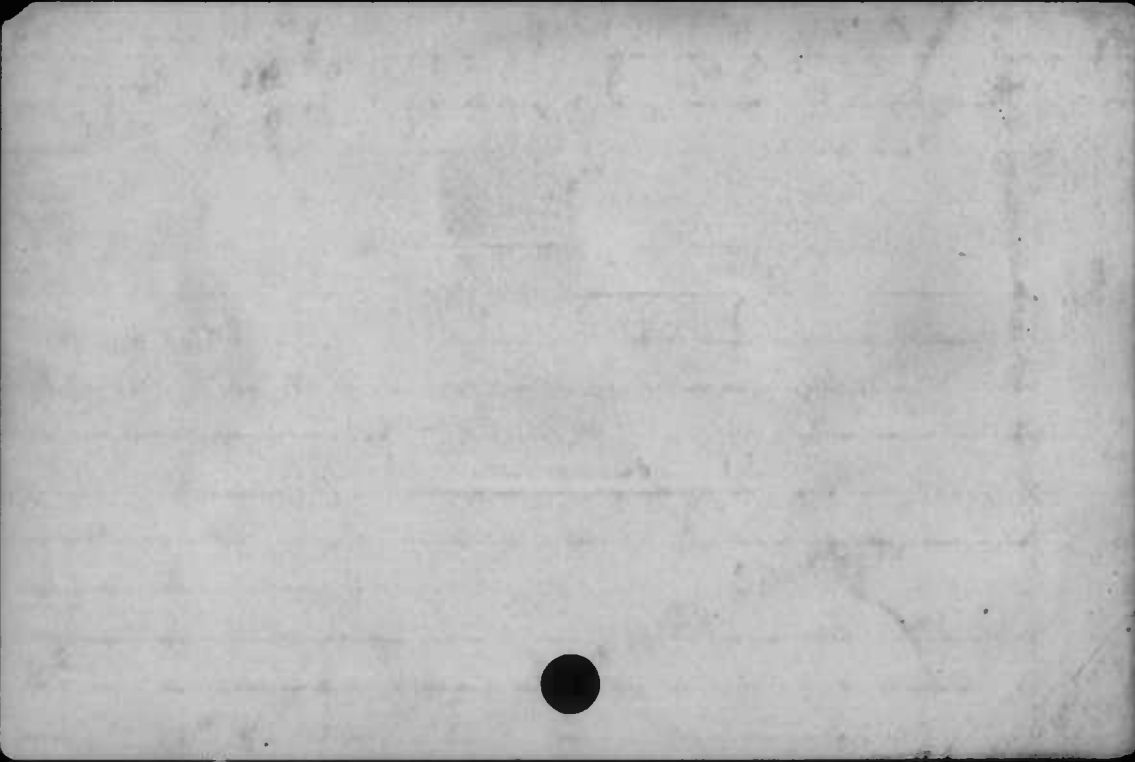
Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>10</i>	Month <i>January</i>	Day <i>1</i>	Age	<i>79</i>	Years	Months <i>3</i>
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Germany</i>
Occupation	<i>domestic</i>			Where Residing if not at place of death <i>resided at place of death</i>			
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband <i>John M<sup>c</sup> Bullough</i>				
Father's Name	<i>not known</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>not known</i>					Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Chas A R Earp</i>					How related to deceased	<i>not related</i>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-sclerosis with heart disease</i>	How long	<i>two years</i>
Immediate	<i>same with debility from age</i>	How long	<i>two years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge. Md.</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

Oliver Edward Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cookeville Town Howard County MARYLAND  
Date of death 1940 Month Jan Day 2 Age 45 Years — Months — Days —  
Sex Male Color or Race White Birth-place Dont Know  
Occupation Farmer Where Residing If not at place of death —  
Married, Single or Widowed Married Name of Wife or Husband Bessie Merrick  
Father's Name Dont Know Father's Birthplace Dont Know  
Mother's Maiden Name Dont Know Mother's Birthplace Dont Know  
Name of person giving Information Horace Lischer How related to deceased None

CAUSES OF DEATH

66

✓

PHYSICIAN  
OR CORONER

Primary Hemiplegia How long 3 days  
Immediate Progressive How long 1 day  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John W. Webb Jr  
Address West Friendship  
Howard Co. Md.  
Accident or Suicide —



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Geo. W. Murphy*

Town *Fulton* County *Howard* MARYLAND

Died at *Fulton*

Date of death *1910 Jan 27* Age *80*

Sex *Male* Color or Race *White* Birth place *Fulton Md*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Huaband *Caline Cross*

Father's Name *Benj* Father's Birthplace *Howard Co Md*

Mother's Maiden Name *Mary Nichols* Mother's Birthplace *Howard Co Md*

Name of person giving Information *Caroline Murphy* How related to deceased *Wife*

CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary *General debility* How long *6 wks*

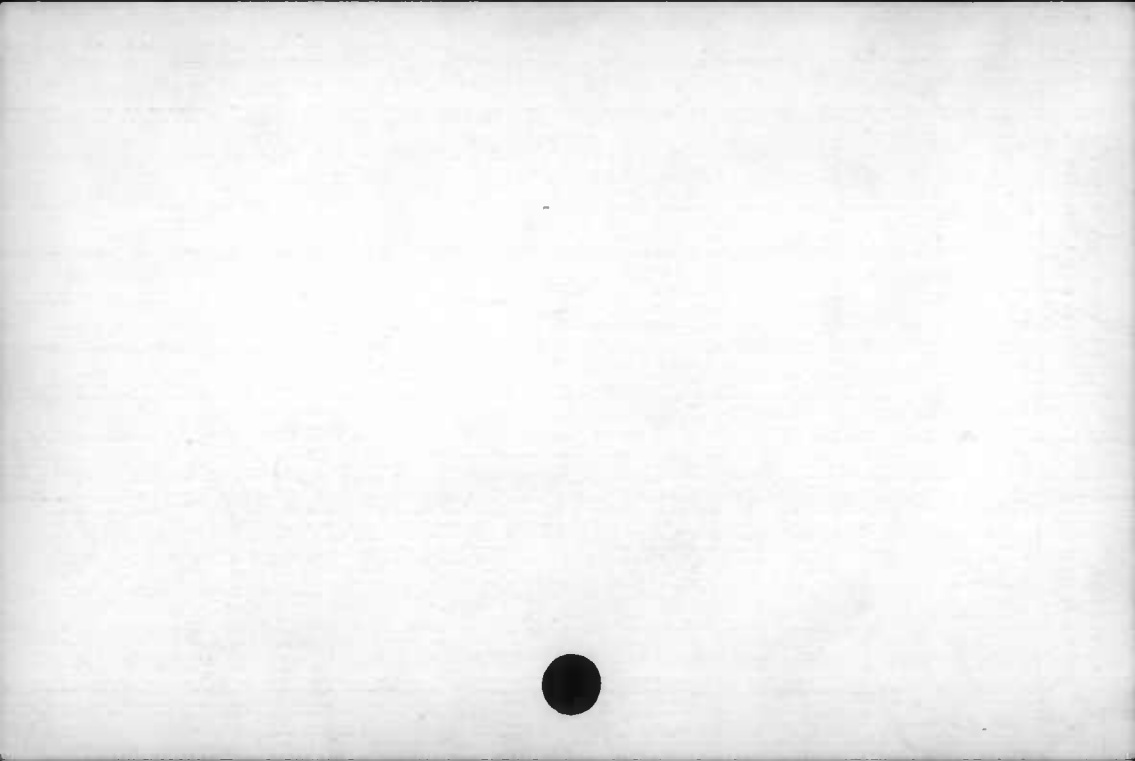
Immediate *Heart Failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Gration*

Address *Spencerville Md*

Accident or Suicide *8*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs. Mary Pfeiffer

## CERTIFICATE OF DEATH

Died at *near Dorsey* Town *Howard* County *MARYLAND*

Date of death *1940* *Jan'y* *17* Day *78* Age *9* Months *24* Days

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *Howard Co. Md.*

~~Married, Single~~ or Widowed Name of Wife or Husband *Nicholas A. Pfeiffer*

Father's Name *Henry Metz* Father's Birthplace *Germany*

Mother's Maiden Name *Mary — (Unknown)* Mother's Birthplace *Germany*

Name of person giving Information *N. A. Pfeiffer Jr.* How related to deceased *Son*

## CAUSES OF DEATH

Primry *Age* *154* *V*

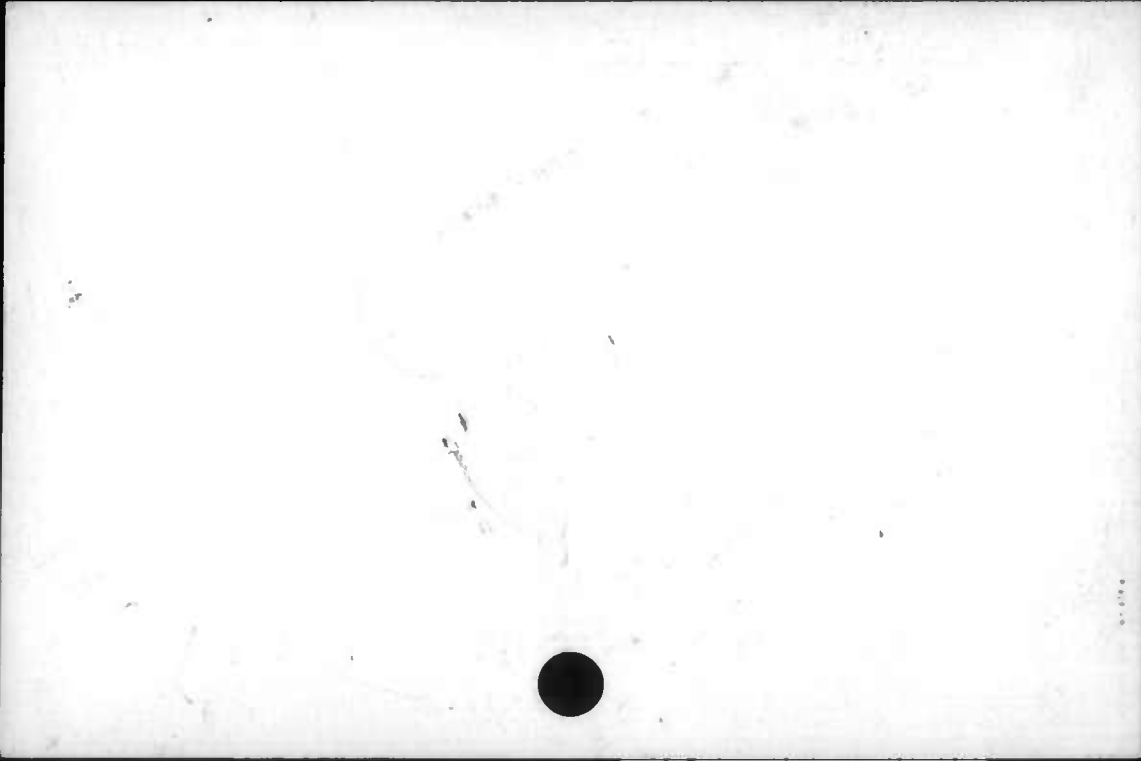
Immediate *General debility* *A few weeks.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. R. Eareckson*

Address *Eek Ridge, Md*

Accident or Suicide





Name  
in  
Full

Benj. F. Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Savage <sup>County</sup> Howard MARYLAND

Date of death 1900 Jan 21 Age 81 Years 11 Months 18 Days

Sex male Color or Race white Birth-place Md

Occupation Retired Where Residing if not at place of death Savage

Married, Single or Widowed widow Name of Wife or Husband Anna Bourne

Father's Name Elijah Phelps Father's Birthplace Md

Mother's Maiden Name Annie Osney Mother's Birthplace Md

Name of person giving information Benj. F. Phelps Jr How related to deceased son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary Infirmitie of age How long 5 years

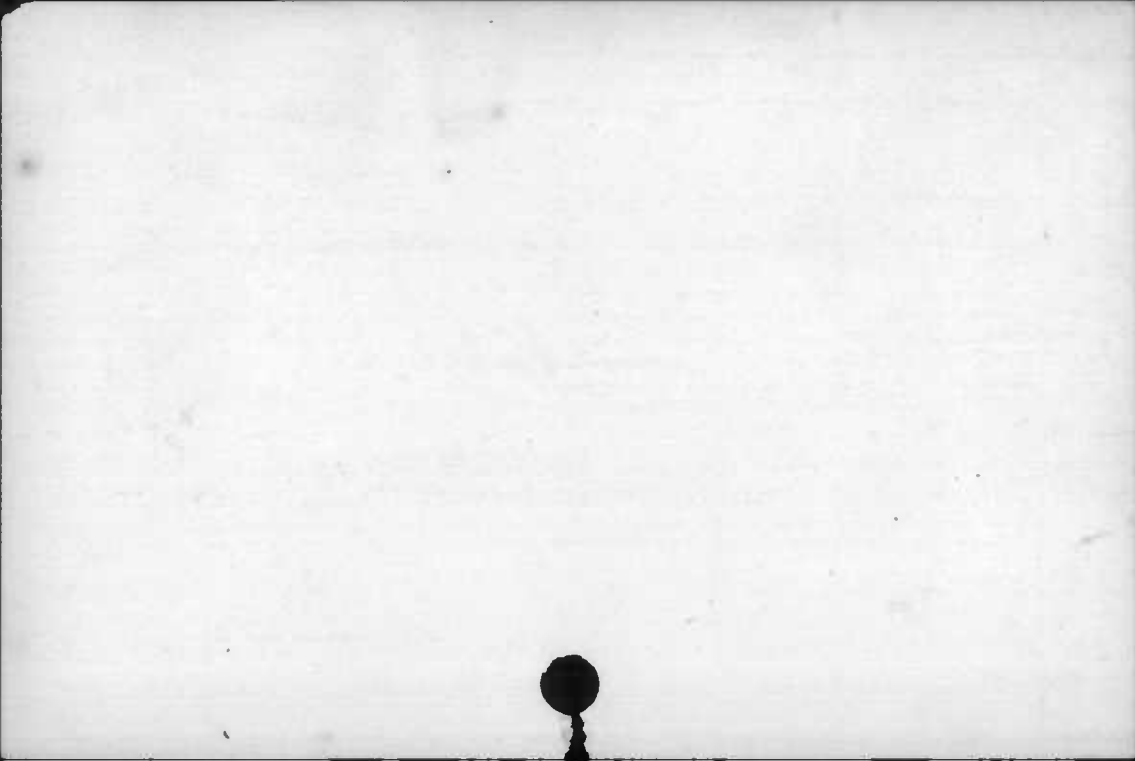
Immediate Congestion of Lung How long 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

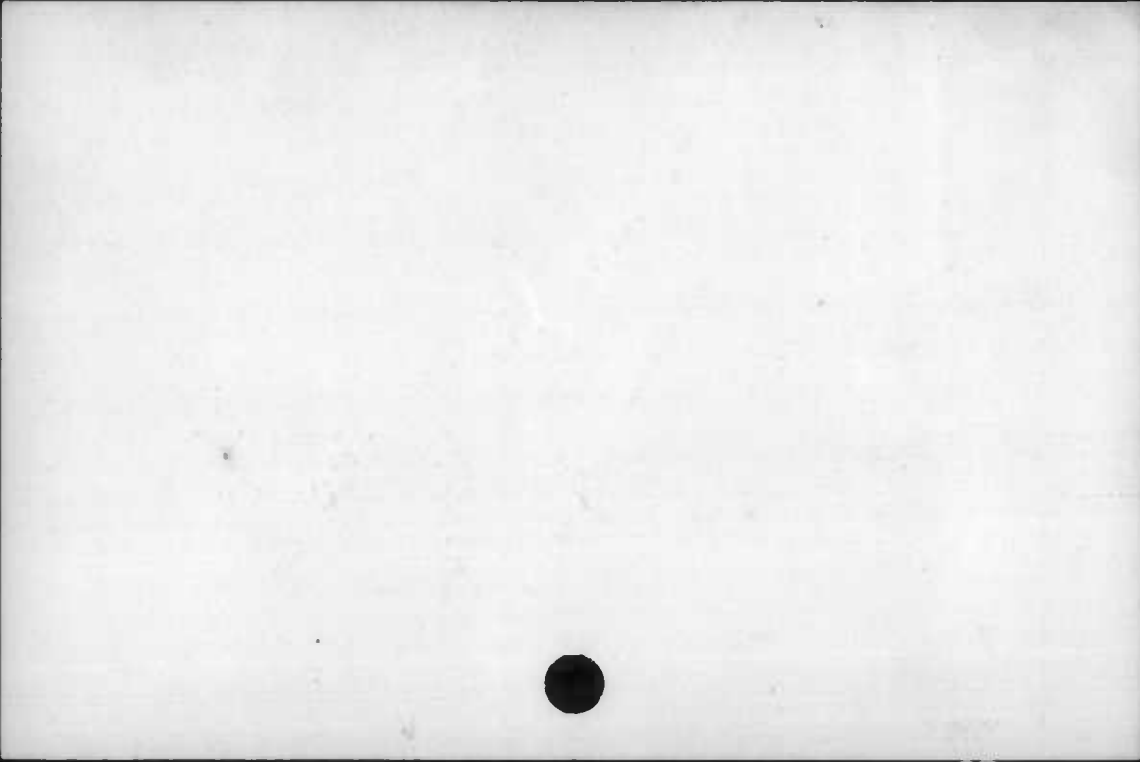
Signature of Physician William M. D

Address Savage Md

Accident or Suicide? neither



Name in Full		William R. Riggs, Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Shapersville		County Howard		MARYLAND	
	Date of death	1900	Month Jan.	Day 18	Age —	Years 6	Days 28
	Sex	Male		Color or Race	Colored		
	Birth-place	Frederick Co.					
	Occupation	None			Where Residing if not at place of death At place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	William R. Riggs				Father's Birthplace	Frederick Co.
Mother's Maiden Name	Lilly Brown				Mother's Birthplace	Frederick Co.	
Name of person giving information	David Edward Warner				How related to deceased	Not related	
<div>CAUSES OF DEATH</div> <div>76 ✓</div>							
PHYSICIAN OR CORONER	Primary	Atitis Media				How long	10 days
	Immediate	Broncho-Pneumonia				How long	4 days.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. Albert Nice,
	Address	25 Airy, Md.					
Accident or Suicide?	No.						



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Sewell* Town *Ellicott City* County *Howard* MARYLAND

Died at *Ellicott City* *Howard*

Date of death 19*40* *Jan* *22* Age *70* Months *9* Days *18*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Labor* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Married* Name of Wife or Husband *Isabell Sewell*

Father's Name *Randolph Sewell* Father's Birthplace *Maryland*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving Information *Isabell Sewell* How related to deceased *Wife*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Acute Toxic Pneumonia* How long *10 days*

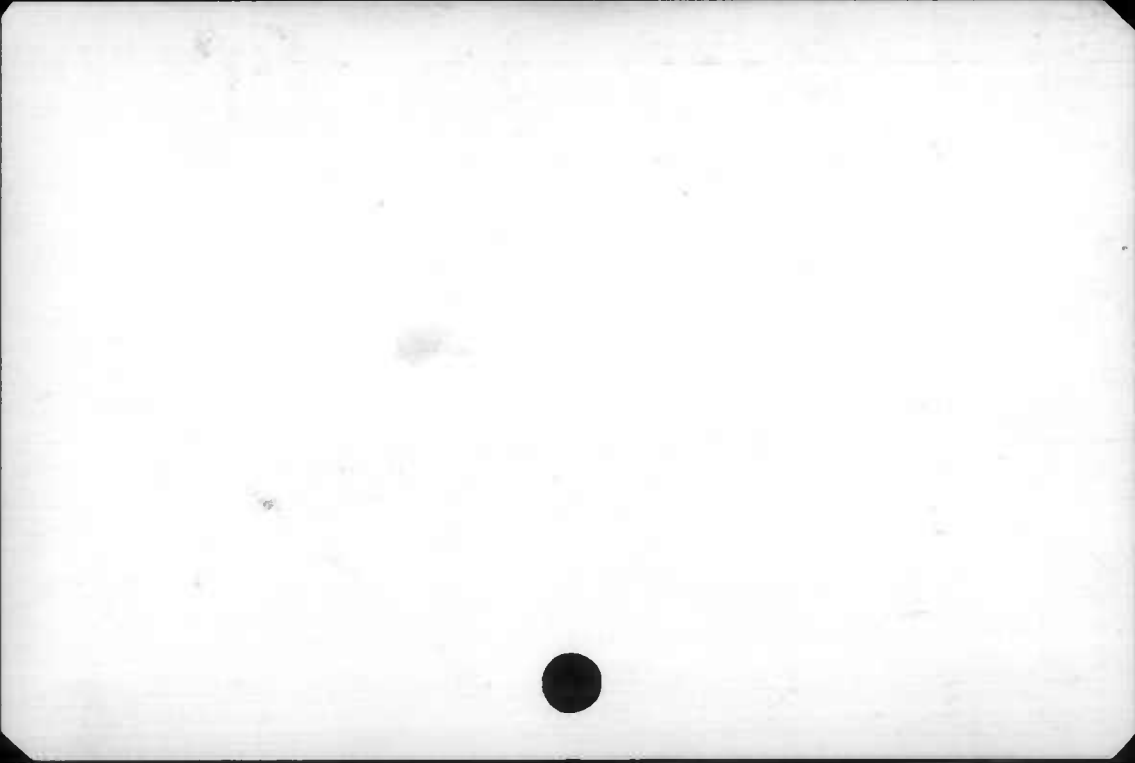
Immediate *Cardiac and General Asthenia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank D. Miller M.D.*

Address *Ellicott City Md*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

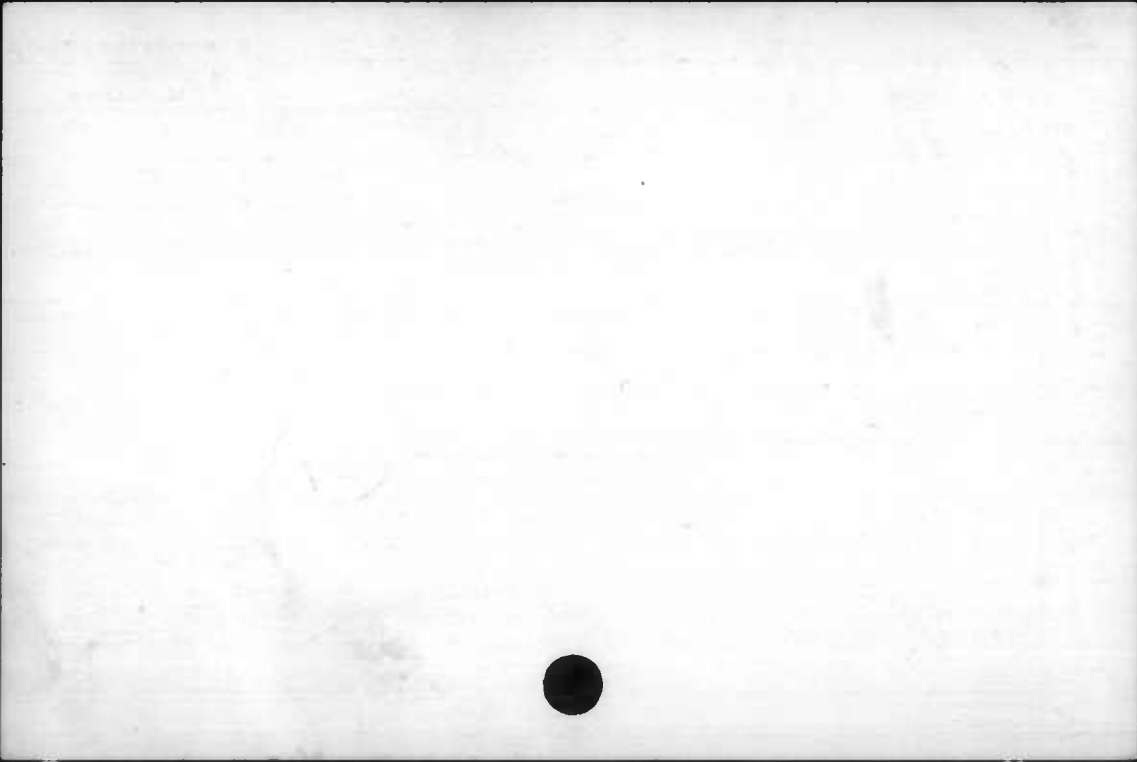
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	About 2 Years
Immediate	Asthemia	How long	About 6 Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		M. B. Gambrell	Ellicott City, Md.
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Walter T. Shipley  
Died at <sup>Town</sup> Near Lykensville <sup>County</sup> Howard MARYLAND  
Date of death 1960 <sup>Month</sup> Jan. <sup>Day</sup> 19 <sup>Years</sup> 30 <sup>Months</sup> 8 <sup>Days</sup> 25  
Sex Male Color or Race White Birth-place Howard Co.  
Occupation Operator Machine Where Residing if not at place of death At his home  
~~Married~~ ☒ Widowed Name of Wife or Husband \_\_\_\_\_  
Father's Name Milton W. Shipley Father's Birthplace Howard Co.  
Mother's Maiden Name Jane Dorothy Mother's Birthplace Ireland  
Name of person giving Information Milford D. Shipley How related to deceased Brother

CAUSES OF DEATH

Primery

Valvular Heart Disease

How long

About 2 yrs

Immediate

Effects of same

How long

About 12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address



Chas. J. Beffenger  
Sylkesville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Frank Smith

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Woodstock

Howard

Date

Month

Day

Years

Months

Days

of death

1910

Jan

25

Age

40 about

Sex

male

Color or  
Race

white

Birth-  
place

Don't know

Occupation

labour

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Don't know

Father's  
Name

Don't know

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Don't know

Name of person giving  
In formation

Mrs E Green

How related  
to deceased

none

## CAUSES OF DEATH

Falling Tree

175

Primary

Fracture of Skull

How long

2 hours

Immediate

Cerebral Hemorrhage

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H J Shepley and  
Ernest A. J. and

Accident or Suicide?

Accident

LIBRARY BUREAU A66516

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Granite M E Cemetery 807

Name  
in  
Full

CERTIFICATE OF DEATH

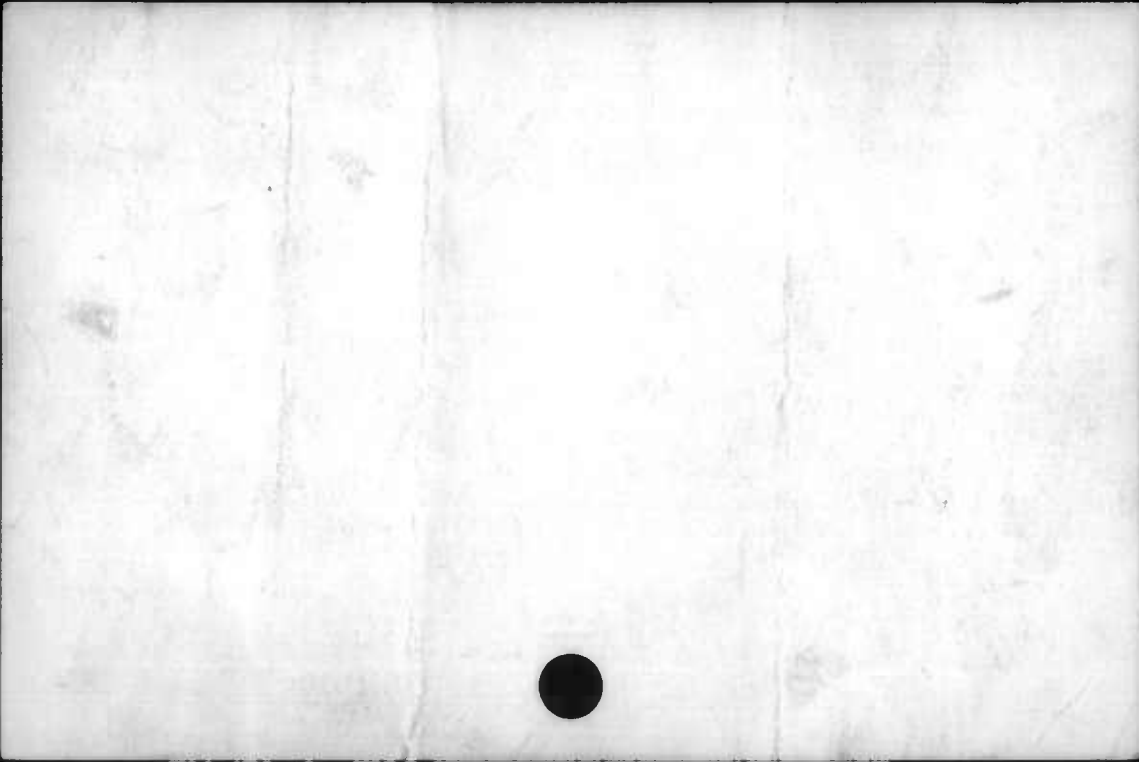
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Kelen Thompson* Town *Dayton* County *Howard*  
Died at  
Date of death *1968 Jan 23* Age *no* Months *4* Days  
Sex *Female* Color or Race *White* Birth-place *Ind*  
Occupation *None* Where Residing if not at place of death *Dayton*  
Married, Single or Widowed *Single* Name of Wife or Husband *None*  
Father's Name *Louis Thompson* Father's Birthplace *Ind*  
Mother's Maiden Name *Martha Mullinix* Mother's Birthplace *Ind*  
Name of person giving Information *Louis Thompson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *1 Bronchitis* How long *3 days*  
Immediate *Pneumonia* How long *1 day*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. Nichols*  
Address *Dayton Ind*  
Accident or Suicide



Name  
in  
Full

Mary Waskup

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

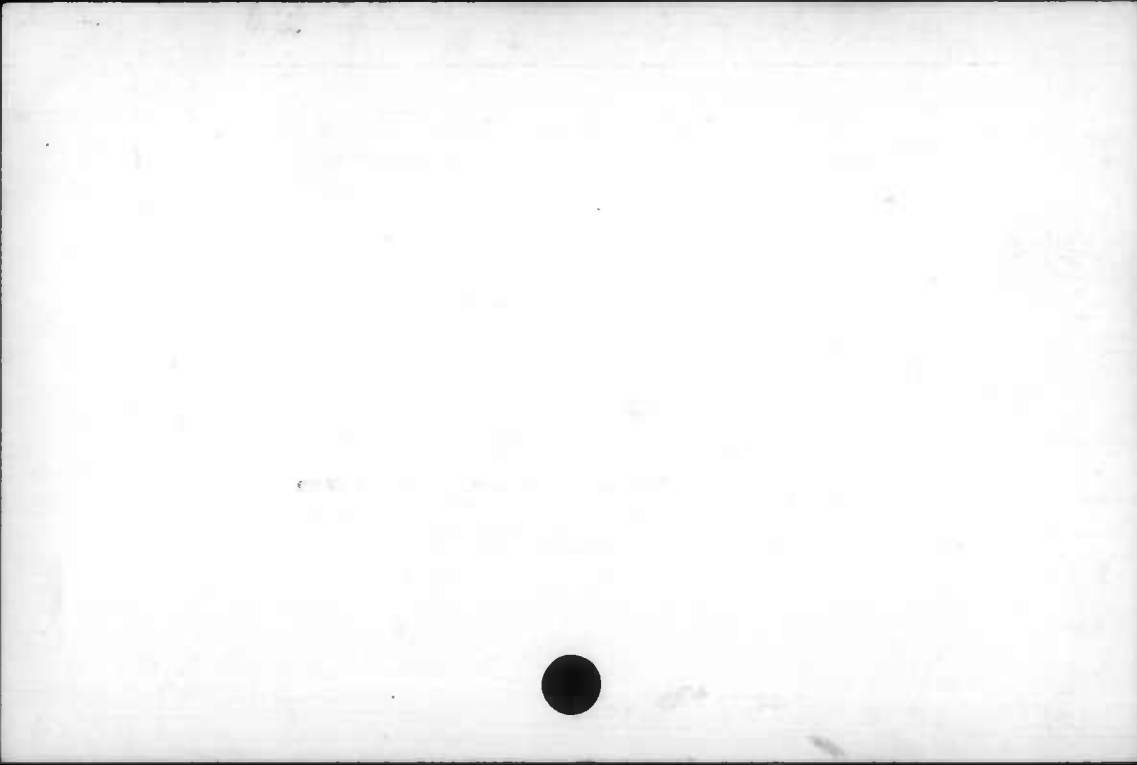
Diad at Mar Savage Howard MARYLAND  
 Date of death 1900 1 11 Age 10 Months Days 12  
 Sex female Color or Race white Birthplace md  
 Occupation none Where Residing if not at place of death at home  
 Married, Single or Widowed single Name of Wife or Husband —  
 Father's Name Maurice Waskup Father's Birthplace md  
 Mother's Maiden Name Lilly Hartman Mother's Birthplace md  
 Name of person giving Information Maurice Waskup How related to deceased father

## CAUSES OF DEATH

146

PHYSICIAN  
OR CORONER

Primary mastoid abscess How long 4 years  
 Immediate meningitis How long 3 days  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician William M. S. Savage  
 Address md  
 Accident or Suicide none





Name  
in  
Full

Mary E. Neels

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1949	Month 1	Day 6 <sup>th</sup>	Age 68	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place		Md.	
Occupation	Retired			Where Residing if not at place of death		Savage Md.	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Dennis Wells					Father's Birthplace	Md.
Mother's Maiden Name	Ann Sophia Clark					Mother's Birthplace	Md.
Name of person giving information	Wm. H. Clark					How related to deceased	Brother in law

## CAUSES OF DEATH

90 ✓

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis		How long	Four years
Immediate	Congestion of lungs		How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. L. Linneman M.D.	
		Address	Savage Md.	
Accident or Suicide?		No		

